



**MISSOURI PUBLIC SERVICE COMMISSION  
MANUFACTURED HOME & MODULAR UNIT PROGRAM  
DEALER'S MONTHLY SALES REPORT**

Reporting Period (Month When the Sales Were Made)

**Remit To:** Manufactured Housing & Modular Unit Program  
P.O. Box 360 Jefferson City, MO 65102  
**OR VIA FAX** 573-522-2509

**Instructions:**

- This report must be submitted before the **10th of each month** following the month for which sales are reported.
- **All sales** of new & used manufactured homes and modular units must be reported.
- If no sales are made for a particular month, enter **"No Sales"**.
- This report must be completed in full and signed or it will be **rejected**.
- A **separate** form must be submitted for **each month's sales**.
- **Please attach additional sheets as necessary.**

**Questions? Call 1-800-819-3180**

**Dealer Registration Number** (The number on the bottom of your Dealer Certificate)

**Dealership Name** (Please enter the name as it appears on your Dealer Certificate)

**Telephone Number** (Please include area code)

**Dealer Lot Address**

**City, State, Zip Code**

DATE (m/d/yy)	MANUFACTURER (Do Not Abbreviate)	YEAR	SIZE	SERIAL NUMBER	HUD HOME			MODULAR UNIT		SALES PRICE
					NEW	INSTALLER NAME & NO.	USED	NEW	USED	
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										

**As an officer, partner or owner of the dealership, I hereby state that the above statements are true and correct to my best knowledge and belief.**

**SIGNATURE:**

**TITLE:**

**DATE:**